The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XVI | OCTOBER, 1960 | NO. 8

MEMBER
MEDICAL SOCIETY
MAGAZINE GROUP

THE DOCTOR AND HIS HOBBY
(See Page 20.)

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Founded 1840

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Published monthly except July and August

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THE HAMPDEN HIPPOCRAT, OCTOBER, 1960

EDITORIALS

THE VANISHING INTERN

Elsewhere in this issue the intern woes of the community hospital are vividly portrayed. It is a grim picture full of paradoxes that Dr. Hurley paints for us in his comprehensive survey of the problem. We learn, for instance, that although many more Americans are treated in the community hospitals, it is the university-affiliated hospital that gets most of the house officers. We learn also that although the rotating internship of the community hospital has been found superior, it is the straight internship of the university hospital that attracts an ever increasing number of medical school graduates. Even the supply of foreign interns, on which the community hospitals had depended largely in recent years, has been curtailed drastically by the new screening process. The result of all of this is fewer interns for the hospitals in our own District and in other similar areas.

The community hospital finding itself deprived of interns has but few alternatives. It may search frantically for that rare and elusive item—the full time salaried physician to cover the hospital morning, noon and night. It may call on its medical staff to formulate rosters for round-the-clock hospital coverage. Or it may relinquish its ward service, and with it also its time-honored charitable and educational traditions. These alternatives may serve to palliate the situation temporarily but can never correct it permanently or adequately.

What then is the remedy? Improved educational programs in every

ATTEND THE WHITE CAP BALL (See Page 25)

hospital, as stressed by Dr. Hurley, is unquestionably the first step in the right direction. The education of the intern and the staff is secondary only to the care of the sick. But can local effort alone remedy the situation? Obviously not. The community hospital even with the best possible program can never hope to match the prestige and appeal of the university-affiliated hospital of the larger community.

It would seem very helpful if the university hospitals voluntarily curtailed their own intern demands and requirements. This would automatically make more American-trained house officers available to the rest of the nation. A step in that direction was taken recently by Temple University Hospital where senior medical students have replaced the intern. Its residency program continues, but no interns at all are employed. In the absence of such voluntary curtailment it has been suggested that a ceiling be imposed on all hospitals limiting their quota of interns in accordance with size.

In 1958 the A.M.A. rejected a recommendation of the Medical Society of the State of Pennsylvania "That, in the event voluntary hospital reduction of interns by 25% as recommended by the American Medical Association fails, a mandatory reduction of 25% be considered by all hospitals participating in the National Intern Matching Program". (JAMA 166:16, 2049). This would seem the proper time for all State Societies to urge reconsideration of the above recommendation, for it is only through the concerted effort of all concerned that the intern problems of the nation can be satisfactorily solved.

M. M.

GIVE!

Abraham Lincoln once said: "I like to see a man proud of the place in which he lives—I like to see a man live in it so his place will be proud of him." This so aptly fits our relationship to the Red Feather and the Red Cross. These symbolize all of us in the community working together and giving together so that vitally needed health, family, and youth services can be provided.

More and more people are turning beseechingly to the Red Feather and Red Cross for hope and help. Current socio-economic conditions are creating a greater demand for community agency services. And yet, in spite of every effort to "hold the line" in each agency's budget, a sizeable amount of money is still needed.

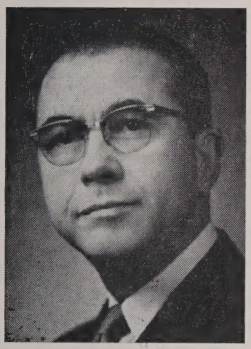
Who, better than we physicians, know what the Red Feather agencies and the Red Cross are doing in our town. Many ministrations of a visiting nurse, many a pint of blood, and even many a paid hospital bill are a positive reality only because we helped to make it so by our giving to the United Fund-Red Cross Campaign.

Let's show our pride in our "home town" by giving "big" to this campaign so that our "home town" can be proud of us.

Ayres

The opinions expressed in The Hippocrat do not necessarily represent the official viewpoint of the Hampden District Medical Society.

President's Page



Wanted: More Empathy

Persistent controversy over the Blue Cross - Blue Shield plans is somewhat disturbing, and at times disheartening. As in most controversies, "there is much to be said on both sides". Dr. Dame, immediate past President of our State Society, gave us examples where the physician on rare occasions read the rules pretty much to his own advantage. There is now under consideration a case where the Blue Cross-Blue Shield, in my opinion, is interpreting the rules without due regard for the participating physician. This case is one where the B.C.-B.S. questioned the right of a surgeon to collect his full fee because special nurses, not ordered by him, were employed. The special nursing cost was carried by the family, who were quite willing to absorb it. As we all know, the physician is allowed his full fee where the service-benefit case employs special nurses *unless* ordered by the physician in charge, indicating it is a necessity and not a luxury.

An analysis of all the facts in the above case shows that the family—and this happens altogether too often—steps in to cover additional expense where there is no "out", but leaves the physician with the short fee, because of a loop-hole, created intentionally or otherwise. We ask Blue Cross-Blue Shield to consider each case individually and in its totality, acknowledging the side currents when necessary. If there is a very small percentage of physicians who take advantage of Blue Shield there is, too, a percentage of Blue Shield Service members cutting the physician's fee altogether too short.

At our last meeting the Chairman of our Blue Shield District Professional Service presented an excellent and telling resume of the Boston Conference on Blue Shield Affairs. To quote Dr. Stubb, the Chairman of the National Association of Blue Shield Plans, "A voluntary system must be made to work soon, for time is running out." Let us all develop more empathy - a willingness to feel and to understand the other fellow's position.

Alfonso A. Palermo, M. D.

EXECUTIVE COMMITTEE

The September 27 meeting of the Executive Committee was called to order at 5:35 p.m. with President Palermo presiding. Present also were Drs. Brown, Corcoran, Kennedy, Miller, Pfeifer, Whitney and Smith.

Dr. Whitney agreed to accept responsibility as representative of the district society to the Health Section of the Community Council.

The medical fair proposed by Dr. Kennedy at the last meeting was discussed and the matter will be investigated further by the Public Relations Committee under the chairmanship of Dr. Baker. Participation in T.V. Medical education programs was discussed and referred to the Public Relations Committee.

It was requested by Dr. Smith, in accordance with Chapter IV, Sec. 4 of the by-laws, that an assistant secretary be appointed, and this request was approved. It was suggested that one of the retired members might best assume this position because of the increased volume of work entailed with the office of secretary calling for secretarial work, filing, phone, etc. Need for a paid executive secretary in the near future becomes apparent. This was discussed, pointing out that when and if this additional service is undertaken, the increased cost must be absorbed by increase in membership dues.

The question of changing the day of the District meeting because of conflict with some Doctors' office hours was discussed only to point out that there would always be a conflict with some members regardless of the day that was chosen.

The question of the Society to pass on an inquiry relative to the legality of a surgeon on the staff of the Holyoke Soldiers' Home accepting a Mass. Medical Service fee as well as a state allowance, was discussed. Since the last meeting it was found on investigation that "Compromise and exception to the By-laws (of the Mass. Medical Service) under which fees are made have been allowed". On this basis further discussion of the matter is out of order.

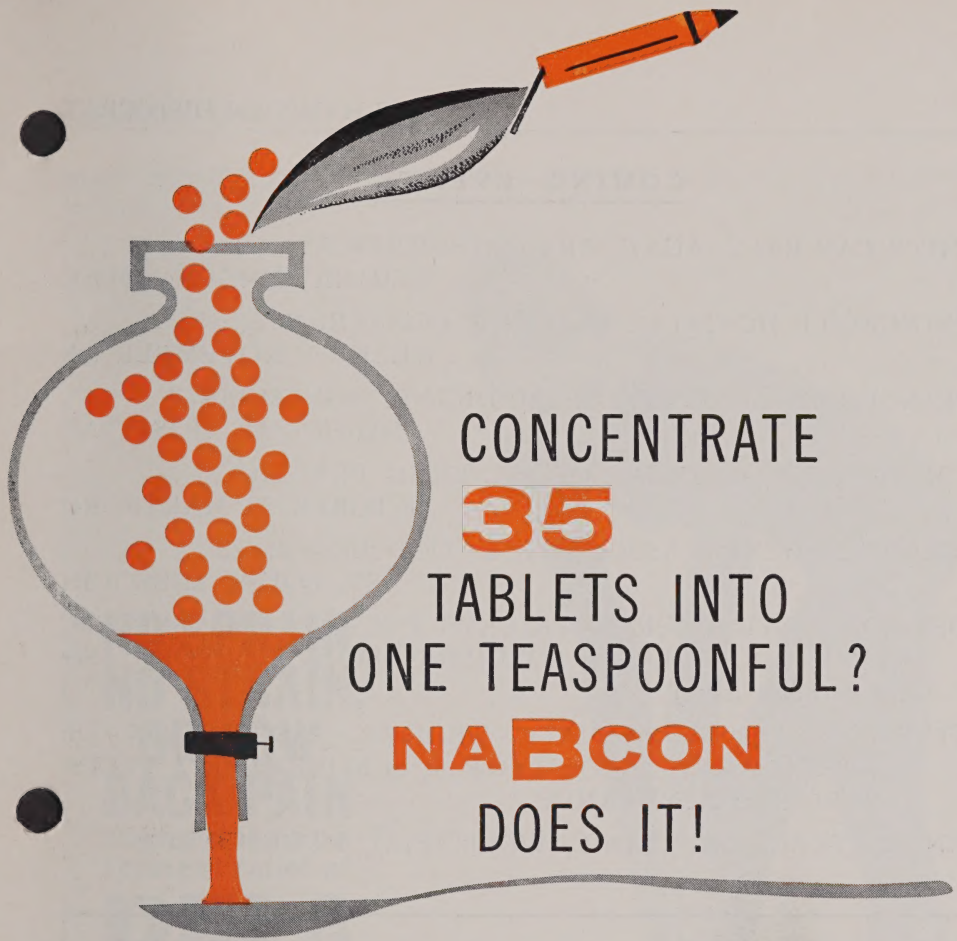
The Society has been bombarded with literature on package plans for insurance. The State Committee voted to postpone any action on developing a program of its own until it has had an opportunity to review a program now being developed by the Council of New England State Medical Societies, and which is expected to be presented to the New England physicians this fall. The District, as a subdivision of the MMS considers it wise to postpone action until this plan is presented.

A survey of accidents in the Springfield area is being made by the Safety Council in conjunction with the Public Health Department. Dr. James Fisher has been appointed to represent the Society.

A liaison committee has been proposed to function in relation with the Council of Churches to effect better understanding and service of Hospital Chaplains in conjunction with physicians in the various hospitals on a non-sectarian basis. Dr. Kendrew will submit his proposal for approval at the District meeting.

The executive committee adjourned and reconvened as the grievance committee and considered one case.

R. T. Smith, M. D., Secretary



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WEEK OF NOVEMBER 6th

SPRINGFIELD ACADEMY OF MEDICINE, NOVEMBER 8,
MUNICIPAL HOSPITAL

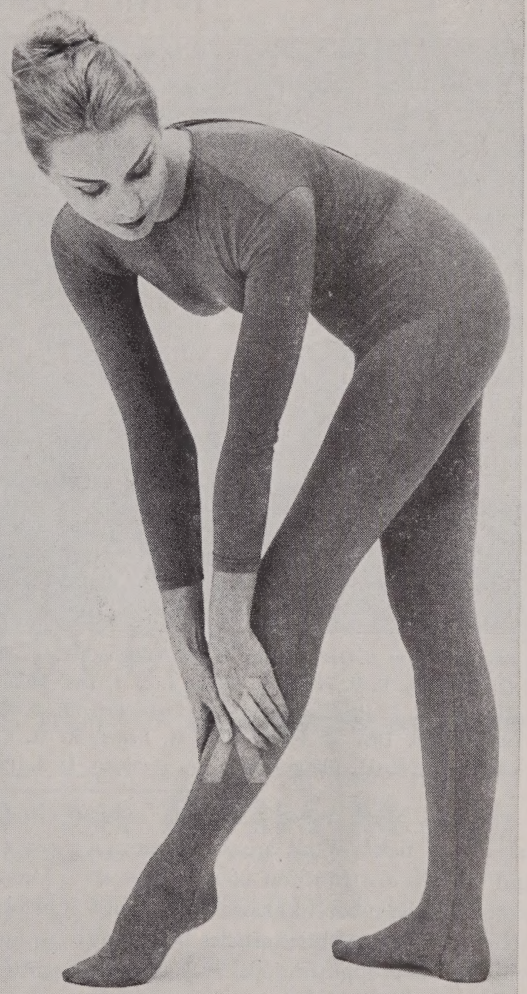
CONNECTICUT ACADEMY OF GENERAL PRACTICE,
OCTOBER 20, HARTFORD

AMERICAN HEART ASSOCIATION, OCTOBER 21 - 23,
ST. LOUIS, MISSOURI

POST-GRADUATE COURSE, FRIDAYS 7:30 - 9:30 P.M., SEPTEMBER 16 - OCTOBER 14, SOLDIERS' HOME, HOLYOKE (See September issue)

INTERSTATE POST-GRADUATE MEDICAL ASSOCIATION OF NORTH AMERICA, OCTOBER 31 to NOVEMBER 3, PITTSBURG, PENNSYLVANIA

CANCER TEACHING CLINIC, WESTFIELD, NOVEMBER 16



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1. Kuge, T.: To be published. H-252

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HAMPDEN AT WORK

I - THE COUNCIL

Standing l. to r. Drs. J. Rini, H. B. Tillman, W. C. Barnes, H. P. Kennedy, R. T. Miller, R. D. O'Malley, S. F. Potsubay. Sitting l. to r. Drs. Millman, R. T. Smith (Sec.), A. A. Palermo (Pres.), A. S. Johnson (Executive Councilor), E. P. Bagg (Past Pres. M.M.S.), T. R. Miner. Absent are: Drs. M. S. Allen, J. M. Baker, R. H. Cheney, E. J. Ferrarone, E. J. Gillis, D. R. Hayes, M. H. Illingworth, L. A. Izenstein, L. A. Putnam, T. F. Reilly and G. L. Schadt.)

(Editor's Note: What makes our medical society tick? What are its structures, and what is the function of each. An attempt will be made to answer these questions in a series of brief articles beginning with the one appearing below.)

The Council is the legislative body of the Massachusetts Medical Society. This body consists of councilors elected by each district society, one for every twenty-five members, plus certain ex officio members. Hampden district has twenty-four councilors, including the ex officio members, who represent our district in Boston. Councilors are elected annually, and every three years the councilors of each district society elect an Executive Councilor and an alternate to represent us on the Executive Committee of the Massachusetts Medical Society. At the present time, our Executive Councilor is Dr. Allen S. Johnson, and his alternate is Dr. Robert D. O'Malley, elected to serve concurrently until 1962.

According to our by-laws "Only Councilors shall be eligible as Supervising Censor and as members of the State Committees on Public Relations and on Legislation. Only Councilors who have held this office for at least one year shall be eligible as members and alternates to the State Committee on Nominations".

The Council meets three times a year in Boston, in October, February, and

at the annual meeting in May. Preceding each Council meeting, a pre-council meeting is held by the councilors of each district, at which the Executive Councilor presides, and the agenda of the coming Council meeting, as described in the Advance Information Circular, is discussed. This meeting is generally timed to precede the meeting of the State Executive Committee, so that the Executive Councilor may ascertain the views of the other councilors of his district, although he is not bound by them.

In addition to representing the district society in legislative matters, the Council also elects the officers of the Massachusetts Medical Society, and in addition, the orator for the annual meeting, the standing committees, and delegates to the House of Delegates of the American Medical Association. It is in this manner that the democratic process in organized medicine is assured.

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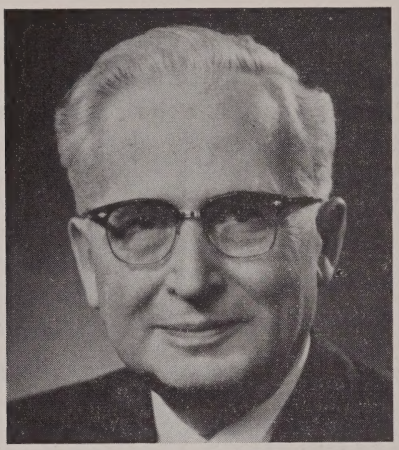

Dr. Alton Goldbloom

Dr. Alton Goldbloom, internationally known pediatrician, will conduct a week of teaching conferences at the Springfield Hospital during the week of November 6th. Dr. Goldbloom's week of teaching and rounds is the result of a lectureship awarded the hospital by the Educational Foundation of the Journal of Pediatrics. In applying for the award, the Springfield Hospital indicated it has launched a pediatric residency, and it was on the basis of this that the council granted the award. All doctors are cordially invited to attend the teaching conferences that are to be conducted by Dr. Goldbloom.

Dr. Goldbloom formerly headed the department of pediatrics at McGill University in Montreal where he now is an emeritus professor. He also is the author of "Small Patients", the story of a 68 year career in Canada, the United States, and Europe. "Small Patients" has been described as "The Adventures of a Famous Pioneer in Pediatrics".

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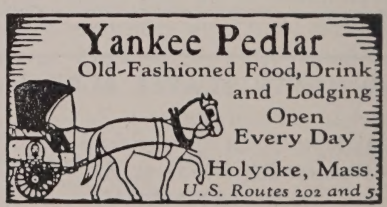

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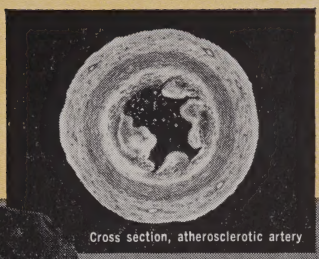

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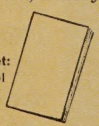

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THE COMMUNITY HOSPITAL AND ITS INTERN PROBLEM

The ultimate objective of the hospital and its staff, needless to say, is to provide the best possible medical care to mankind. It is worthy of note that it is to the community hospital rather than the university hospital that most Americans go when they are sick or injured. A study carried out by Burgess and Leonard in 1958 (JAMA Vol. 167, May 10, 1958) indicates that there are almost four times as many beds in community hospitals as in hospitals affiliated with medical schools nation-wide, and that in New England the ratio is even higher, so that only slightly more than one patient in five is cared for at a hospital with university affiliation. It seems almost paradoxical that, while the great majority of medical care is provided to Americans in these institutions the university affiliated hospitals have in the past two decades have demanded, and received, a greater and greater proportion of medical school graduates to staff their wards. In the three period from 1955 through 1957, hospitals of two hundred beds matched less than 8% of the number of interns sought. In 1959 the 6860 graduates had available 4600 positions in hospitals affiliated with medical schools and 7813 hospitals with accredited intern training programs. Over 60% were incorporated in the university affiliated hospital programs, with the result that over 5500 internships in community hospitals approved for such training went unfilled.

In an attempt to fill this great gap the community hospital has more and more turned to the foreign graduate. As a result the members of this group annually coming to our shores in search of further medical training has increased rapidly. The annual importation figures doubled between 1954 and 1960, so that in 1959-1960, 9457 foreign physicians took some phase of post-graduate medical training in our hospitals. While linguistic difficulties and preparation, which has often fallen short of American medical standards, has prevented this from being the complete answer, it assisted the hospital and physician in meeting their needs. But alas, once again the pool of trained people available to the community hospital would appear to be receding, as the American Medical Qualification Examination promises to halt the annual increase of foreign physicians to the United States hospitals—or indeed to reverse it.

It is well to recall at this point the matter of straight internships vs. rotating internships which have been under discussion for the past thirty years with increasing participants. The university affiliated hospital engages almost entirely in the straight training program, whereas the non-affiliated hospital stresses the rotating program. In 1952 the advisory committee on internships, following careful study over many months, indicated their favorable attitude towards rotating internships over straight internships as the most desirable initial training beyond medical school. Similar reports from study groups in 1954, 1955, 1956 and 1958 appear.

Dr. H. B. Stone in 1956 indicated that the diversified program in a community hospital brought the intern into more intimate contact with patients and their families. Under supervision, he

has a higher degree of personal responsibility for patient care than in the university affiliated program.

It would seem that if the best possible care is to be provided to a community, it can best be done with the American trained house officer staff in sufficient number to meet the hospital requirements. Good teaching programs offered by community hospitals to attract more and more of the American medical school graduates are a must. To accommodate this it would seem the community hospitals are forced to assume responsibilities secondary only to their prime reason for existence, and take on the burden of post-graduate medical education on a larger and larger scale. Extensive programs under the guidance of full time people, with faculty organization and curricula must be set up and incorporated in the over-all operation of the hospital. Visiting staff members already over-burdened with meetings, committee work, other time consuming functions which take them from the bedside, must be willing to add active over-all community medical service. All parties must be made aware of the advantage to the nation's sick and injured, if the community hospital is allowed to assume its rightful place in the initial phase of the post-graduate medical program. More medical schools must be encouraged to look to the community hospital to provide the foundation in well rounded practical education and experience for their future resident staff in their affiliated hospitals.

Happily under such a program very real advantages would accrue to the hospital house staff, to the visiting staff and to the community, for it is well known that good medical care and good teaching programs are almost inseparable fellow travelers.

Hurley

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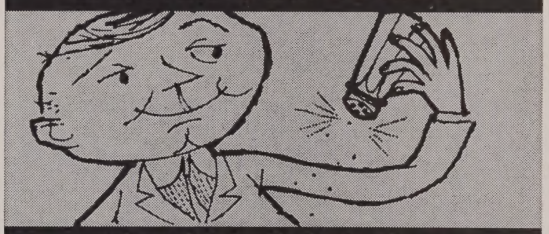

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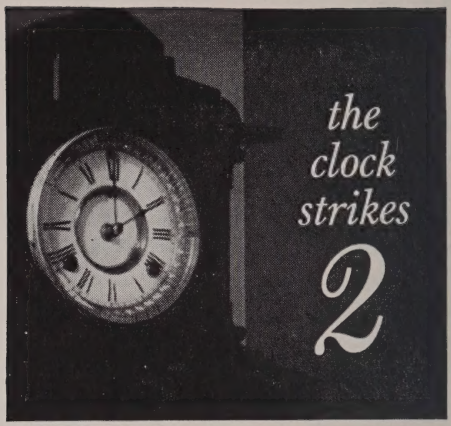

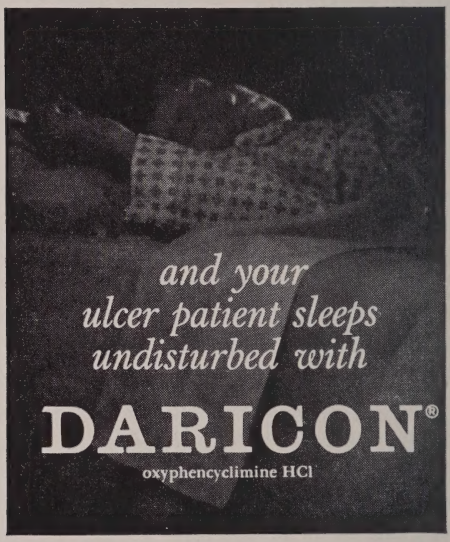

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IN BRIEF

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ADMINISTRATION & DOSAGE: One 10 mg. tablet b.i.d. (morning and night). Adjust according to response.

SIDE EFFECTS: As with other anticholinergic agents, undesirable effects occasionally appear. Dryness of mouth is the most common of these peripheral effects. Blurring of vision, constipation, and urinary hesitancy are rare, and usually can be minimized with dosage adjustment or may disappear on continued therapy.

PRECAUTIONS: Care should be exercised in using DARICON in patients with prostatic cancer, in whom urinary retention may occur. In patients with glaucoma, DARICON should be used only with ophthalmologic supervision and approval.

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Detailed professional information is available on request from Pfizer Laboratories Medical Department.

IN MEMORIAM

William J. Cosgriff, M.D.

Dr. William J. Cosgriff of Springfield died at the Springfield Hospital on September 24, 1960.

Dr. Cosgriff was born in Holyoke on April 22, 1907. After graduating from Tufts Medical School in 1931, he interned at the Mercy Hospital, Springfield, Mass., and served as a resident physician in surgery at St. Vincent's Hospital in New York City.

Upon completion of his surgical training, Dr. Cosgriff came to Springfield to practice surgery, becoming a member of the staff of the Mercy Hospital. He served in the U. S. Navy during World War II. Dr. Cosgriff formerly served as a police surgeon, medical consultant to the Welfare Department, and, up to the time of his death, as Commissioner of Public Health for the City of Springfield. He was a member of the American College of Surgeons, the American Medical Association, the Hampden District Medical Society, and the Springfield Academy of Medicine.

Deepest sympathy is extended to his widow, children and his many friends and associates.

IN MEMORIAM

William Goodell, M. D.
1878 - 1960

Dr. William Goodell, formerly of Springfield, died in Evanston, Illinois, on September 26, 1960

Dr. Goodell was born in Amherst, Mass., on March 23, 1878. After graduating from Amherst College and Harvard Medical School, he pursued further studies in Berlin, Freiburg, Vienna and Paris.

At one time, Dr. Goodell was on the staff of the Mass. Charitable Eye and Ear Infirmary and the Mass. General Hospital, Boston. Dr. Goodell was on the staff of the Springfield Hospital for many years, and was a consultant at the Shriners Hospital in Springfield, Mass., and the Franklin County Hospital, Greenfield, Mass.

Dr. Goodell was a member of the American Medical Association, the American Academy of Otolaryngology, the American College of Surgeons, the New England Laryngological Society, and the Mass. Medical Society.

Deepest sympathy is extended to the surviving members of his family and associates.

ANNUAL REPORT
of the
MENTAL HEALTH COMMITTEE

During the past year, there have been four meetings of the Committee, with the majority of members in attendance. It is the recommendation of the Committee that the present membership of seven be increased to ten in order to insure broader representation of the Society's thinking, as well as contributing to a wider and more stimulating variety of ideas conducive to greater achievement. It has also been recommended that the intention of non-attending members be ascertained and, in the event that it is found they are either not interested or unable to attend, that their resignations be requested.

The Committee has conscientiously endeavored to implement and bring to fruition the recommendations made by its predecessors, as witness the recently organized State Out-Patient Psychiatric Clinic currently functioning at the Municipal Hospital under the direction of Dr. Theodore Clark. It is anticipated that this will be eventually incorporated into a total rehabilitation program. You may recall that this was one of the recommendations of the 1956 Mental Health Committee.

There is still a pressing need for therapeutic facilities for the more acute and serious psychiatric cases not suitable for prolonged commitment and yet not manageable on an out-patient basis. To serve this need, we look forward to the completion and development of in-patient facilities at the Municipal Hospital, and have received assurance on it from the Massachusetts Department of Mental Health. Paralleling this are plans for day-care and short-term in-patient cases. It is hoped that this will also provide appropriate temporary psychiatric care for individuals who are referred to or apprehended by the Police Department, where suitable facilities for these patients are not available.

The Committee has given considerable thought and discussion to the organization of this psychiatric ward at the Municipal Hospital, keeping uppermost in mind that its main purpose would be to provide custodial care and therapy for acute and short-term cases. Some apprehension has been expressed that there might not be full utilization of the resources, or attainment of its original purpose, were the public to view it as a projection of a State mental hospital since so many people see State mental hospitals as institutions symbolizing hopelessness and futility. It is, therefore, the recommendation of the Mental Health Committee that, in the structuring of this new resource, it be clearly identified as a Greater Springfield project rather than as an extension of a State hospital, and the Committee also recommends that it be administratively autonomous and responsible only to the Commissioner of

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Mental Health.

The Mental Health Committee concurs in the opinion that Western Massachusetts should have its proportionate share of psychotheropeutic facilities commensurate with those allocated to the eastern section of the State, made the more important by the realization that the population of the four counties is reported to be over one million. To this end, it is recommended that our Senators and Representatives be informed regarding our present needs and the inadequacy of existing resources.

The nationwide shortage of trained psychiatrists and the increasing demands for psychiatric care were among the outstanding reasons for the Academy of General Practice spearheading a program throughout the country to provide orientation lectures in psychiatry for the men in general practice. Massachusetts and New Jersey both did salutary jobs in this. Springfield, through its local Academy of General Practice, sponsored and arranged a symposium on various aspects of psychiatry in which two members of the Mental Health Committee participated. The Committee recommends that this effort be supplemented by providing each member of the Society with a list of psychiatric clinical resources in the area, and that the list be inserted in the forthcoming issue of the HIPPOCRAT.

To recapitulate the recommendations of the Committee:

1. That the Committee membership be increased from seven to ten members, and that the resignations be requested of those members who are either not interested or unable to attend;
2. That, in the planning and organizing of the new psychiatric ward at the Municipal Hospital, it be clearly identified as a Greater Springfield project rather than as an extension of a State mental hospital, administratively autonomous, and responsible only to the Commissioner of Mental Health; and that this recommendation be submitted to the Commissioner of Mental Health as having the approval of the Society;
3. That the Senators and Representatives of this area be informed regarding our needs for more mental health resources;
4. That the members of the Hampden District Medical Society be informed, through the HIPPOCRAT, regarding available psychiatric clinical resources within the area.

This Society is to be congratulated for its interest in and general planning for the mental health needs of the community. This fact is notably attested to by the recommendations of the 1956 Mental Health Committee when they set up their plans.

My sincerest appreciation for the confidence and support of the Society, and to the members of the Committee

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for their constructive and helpful guidance.

Respectfully submitted,
Olive A. Cooper, M.D.
Chairman

Existing Clinical Resources Dealing With Psychiatric Problems

CHILD GUIDANCE CLINIC OF SPRINGFIELD, INC., 759 Chestnut Street (Springfield Hospital).

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Daily except Saturday (by appt.); 2 to 16 years.

HAMPDEN DISTRICT MENTAL HEALTH CLINIC, 759 Chestnut Street (Springfield Hospital) Tel. RE 4-3151.

Daily except Saturday (by appt.); 16 years upward.

STATE PSYCHIATRIC CLINIC, 1400 State Street (Municipal Hospital), Tel. RE 6-1851, Ext. 248.

Daily except Saturday (by appt.); 16 years upward.

SPRINGFIELD HOSPITAL OUT-PATIENT DEPT. PSYCHIATRIC CLINIC. 759 Chestnut Street, Tel. ST 8-4581.

Friday only (by appt.); 16 years upward.

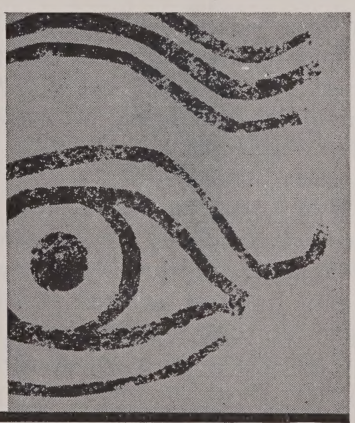
AREA MENTAL HEALTH CENTER, 387 Appleton Street, Holyoke, Tel. JE 4-3361.

Daily except Saturday (by appt.); 2 to 18 years.

FOLLOW-UP PSYCHIATRIC CLINICS: (specifically for follow-up visists on discharged patients or patients on visit from the Northampton State Hospital)

Skinner Clinic, Holyoke Hospital, Tel. JE 3-3911. Wednesday only (by appt.)

Municipal Hospital, Springfield, Tel. RE 6-1851. Thursday only (by appt.)



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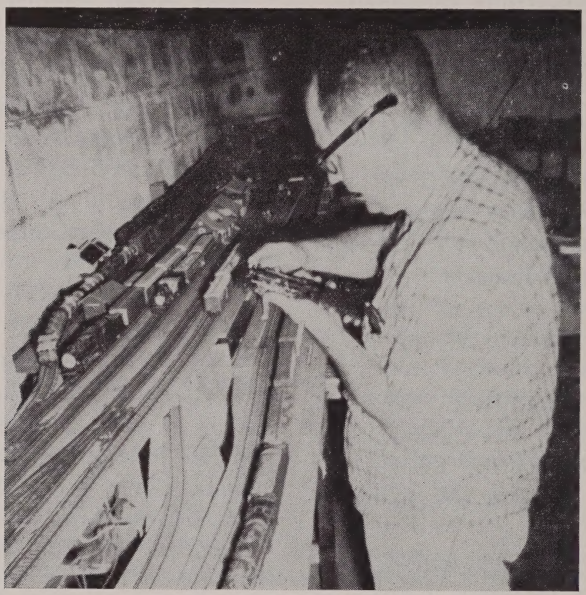

VI — Model Railroading

("The Doctor and His Hobby" series, initiated about a year ago, is herewith resumed. Dr. Maloney's splendid description of his own hobby, which appears below, was prepared at the request of the Hippocrat. Editor.)

My present "illness" began in childhood with an affinity for electric trains. It did not appear threatening or chronic until I opened my practice, when it began to manifest itself by an urge to buy "kits" and to assemble cars and engines. About this time I also joined a Model Railroad Club, meeting on Wednesday evenings, but I was away from home enough nights without this added affliction.

Overseas, during the Korean Conflict, I had time on my hands and got excellent mail-order service of sheet brass, screws, wheels, and motor engines. My room mate contracted the "disease", and we formed a Model Railroad Club in Taejon, Korea. On return from service, and after finding a permanent home, I took over the cellar, and the Neurotic and Psychotic, the "Ole N-P Line" came into existance. It is a decrepit old thing joining at the town of "Sufferin'" with a more modern line, The Blue Shield "that carries the freight". There are a few diesels, but they are passe, and steam again is supreme. These railroads give complete coverage to the territory in my cellar, even behind the oil burner. The scenery is flaked paint and bare pipes, but since construction will probably continue for two more plateaus of plywood, I've decided to hold out for my son Johnny to erect the forests and towns.

I no longer belong to the Model Railroad Club but work in the cellar

in my spare time. Past Medical History shows no related aberrations.

Family History is very contributing as mein frau likes this hobby, which keeps me around the house, and my son is a hot shotter and loves to hi-ball the hi-wheelers.

My railroad is "HO" gauge. The three common gauges in model railroading are: the "O" gauge, like the old time Lionel; the "S" gauge, the old American Flyer, and "HO" which is roughly ¾ inch wide track, or one half as wide as "O". One advantage of "HO" is the practicability of eighteen and twenty-one inch radius curves, which means you can form a circle in forty-eight inches. Another advantage is the wide range of products for sale. Since 1956, tracks and switches have become available that work very well; prior to this the switches needed constant adjustment. My main problem is that track uses up so much space so easily.

The clubs are wonderful for the man who has no space in his home. I have met friends all over the country with the same hobby. Some of the more profound "hobbyists" make engines, cars, and structures out of plain wood and metal, using simple kitchen tools. Others have complete machine shops and work like "The Trustee of the Tool Room". Some like to collect railroad material, some like to photograph model railroads, some enjoy making scenery, others like to do the electrical wiring. Some, like myself, just like to see the trains roll.

Among the monthly magazines *The Model Railroader* has over 100,000 subscribers. Another is *Model Trains*, which is for people who buy the ready-to-run sets. Another is *Railroad Model Craftsman*. All are available by subscription, or are on sale at hobby shops and newstands. The Association of American Railroads estimates that there are ¼ million "Model Railroaders". There is an organization known as the "National Model Railroad Association" with headquarters in Canton, Ohio, which assures compatibility of products purchased.

I get a great deal of satisfaction making things with my hands. As a physician I mostly talk to people and watch long term problems that so often tend to deteriorate with age.

John M. Maloney, M.D.

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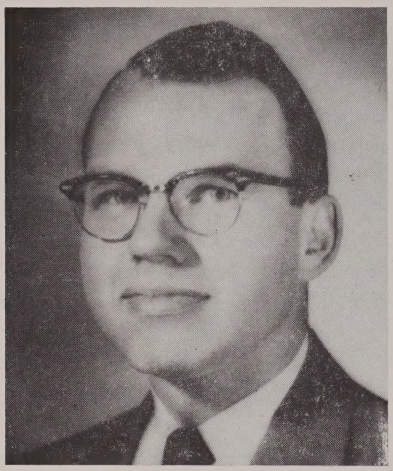

Dr. James H. Shaw

At the November 8 meeting of the Springfield Academy of Medicine the speaker will be James H. Shaw, Ph.D., Associate Professor of Biological Chemistry, Harvard Dental School, and Consultant in Nutrition, Forsyth Dental Infirmary for Children. His topic will be "Nutritional Aspects of Oral Health".

December Meeting. The speaker at the December 13 meeting will be Richard H. Overholt, M.D., Clinical Professor of Surgery, Tufts Medical School. His topic will be "The Challenge of Intrathoracic Malignancy". The Clinical Conference in the afternoon will be held at the Mercy Hospital.

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ARE YOU MOVING?

At its last meeting the Board of Editors voted to publish free of charge office removal notices for members of the Society.

IT HAPPENED IN HAMPDEN

Patient: "I don't think I'm entitled to a G-I series. You see, doctor . . . I've never even been in the Army."

An Invitation

It is with a genuine feeling of pride that the Woman's Auxiliary to the Hampden District Medical Society cordially invites the members of the Society and their friends to the 11th Annual White Cap Ball to be held at the new Schine Inn in Chicopee, on Massachusetts Turnpike at Exit 6, Saturday night, November 5th.

The prime goal of the chairman of the Ball, Mrs. Joseph F. Zielinski, and her committee, is to provide a beautiful, festive and exciting evening — with a good purpose.

A sumptuous dinner will be elegantly served in the breath-taking and luxurious atmosphere of the Pioneer Grand Ballroom which will accommodate 750 persons. However, in order to have ample room for dancing, reservations will be limited to 400 guests, and incidentally, there will be no parking problem. Please make your reservations as soon as possible. Dance music will be provided by Billy Poore and his orchestra from Providence.

"Come to the White Cap Ball — my scholarship depends on it!" This is the theme as approved by Mrs. William J. Kisiel, Scholarship Health Career Chairman. The White Cap Ball is the only money raising project of the Auxiliary.

Mrs. Eugene J. Nicgorski
Publicity Chairman

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AUXILIARY DOINGS

The program of the Woman's Auxiliary to the Hampden District Medical Society for 1960-61 is as follows:

October 11, 1960, 1:00 p.m. Luncheon Meeting, Storrowton Inn, West Springfield.
Mrs. Alfonso A. Palermo, Chairman; Mrs. Garry deN. Hough, Co-Chairman.
Speaker: Congressman Silvo O. Conte.
Topic: "What Congress is doing about Medical Aid for the Aged".
and
Greetings from Hampden District Medical Society by President Alfonso A. Palermo, M.D.

November 5, 1960, Dinner Dance, White Cap Ball, Schine Inn, Chicopee.
Mrs. Joseph F. Zielinski, Chairman; Mrs. John J. Burke, Co-Chairman.

December 4, 1960, Husband-Wife Event, Holiday Tea, Sunday Afternoon—3 to 6 p.m., Shaker Farms Country Club, Westfield.
Mrs. Edmund Piszcek, Chairman; Mrs. Frank Mills, Co-Chairman.

February 14, 1961, 9:30 a.m., Morning Meeting, Wesson Memorial Hospital Auditorium.
Speaker: Dr. Calvert Stein
Topic "Hidden Springs of Human Actions"
Mrs. Calvert Stein, Chairman; Mrs. Bennett Barton, Co-Chairman.

April 25, 1961, Annual Luncheon Meeting, 1:00 p.m., Springfield Country Club.
Speaker: Mr. L. De Santis, Taylor Wine Company
Topic: "How Wine Flavors Food and Compliments a Luncheon"
and
Installation of Officers by Mrs. William E. Hines, State President.
Mrs. Eugene W. Beauchamp, Jr., Chairman; Mrs. Lester G. Suzor, Co-Chairman.

Mrs. Eugene J. Nicgorski,
Publicity Chairman

COUNCIL MEETS

Councilors representing Hampden District turned out in force to attend the first MMS Council Meeting of the season. This was held on Wednesday October 5, at the Boston Medical Library, Boston. The proceedings of this meeting will be reported in the next issue of the Hippocrat.

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Disaster Conference

Dear Hippocrat:

Physicians are cordially invited to attend the Eleventh County Medical Societies Conference on Disaster Medical Care featuring USPHS Health Mobilization for Disaster, and sponsored by the Council on National Security, American Medical Association, to be held November 4-6, 1960, at the Palmer House, Chicago.

Survival of this country following a nuclear attack will depend upon the ability of the surviving population. Capabilities to assure retention and maintenance of a healthy populace must be developed through well-conceived planning efforts. The Public Health Service has been assigned the responsibility for developing emergency health and medical plans, and establishing an operational capability to implement these plans, if it becomes necessary. Your support and cooperation are needed. The success of the program depends upon active participation of professional health personnel. I sincerely hope you will attend the November 4-6 conference.

The Palmer House, State and Monroe Streets, Chicago, has set aside a block of rooms for those attending the conference. You should write directly to the hotel for reservations, making mention of the conference.

Frank W. Barton, Secretary
Council on National Security,
A.M.A.

Child and Family Service

Dear Hippocrat:

A folder describing the purposes and functions of Child and Family Service has been mailed recently to every physician in this area.

We are however, particularly anxious to bring to your attention at this time one part of our job in which we need to work closely with members of the medical profession. As you know, the State Law requires that the State Department of Welfare, or a licensed agency such as Child and Family Service, take major social responsibility in planning adoptions. Because of our cooperative plan with other Eastern cities, we can often help the unmarried mother to receive care outside of Springfield, if this is her preference, or if she can be better served in this way. We should be glad to talk with you or your patients if you refer them for help with these problems.

The following are two of our current needs:

1. Your support in making known to suitable Negro couples our desire to assist them and to determine their interest and suitability as potential adoptive parents.

2. There is a limited number of Jewish babies born for whom adoption is indicated, but an excess of available Jewish adoptive homes. As a licensed agency, we can offer the mothers, their babies, and the Jewish couples the best service only if we know of the problem early. We hope that you will feel that you can work with us through referring these people.

Additional information may be obtained from our Service, 184 Mill Street, Springfield 8, Massachusetts.

Elizabeth V. Cheney, President,
Child and Family Service of
Springfield, Inc.

OCTOBER (4) MEETING HIGHLIGHTS

Place: Storrowton . . . Dinner: Roast beef . . . . 209 in attendance against 255 reservations . . . . President Palermo calls meeting at 8:30 . . . . He announces the passing of three esteemed members since last meeting . . . . Resolutions are adopted in behalf of Drs. Frederic Hagler, William J. Cosgriff and William Goodell . . . . President Palermo welcomes six new members admitted since last May . . . . He appoints Nominating Committee for 1960-61: Dr. Edward Katz, chairman, Dr. Wayne Barnes and Dr. Ralph Miller . . . . Dr. Olive Cooper reports for Mental Health Committee . . . . Dr. Walter Nero for Blue Shield District Professional Service . . . . Dr. Joseph Baker for Public Relations . . . . Dr. Robert Emery for Legislative . . . . Dr. Warren Platt for Relative Value . . . . Dr. Peter Zarecki for Emergency Medical Service . . . Dr. Edward Katz, chairman of Nominating Committee, submits the name of Dr. Harry Roberts as member to State Committee on Tax Supported Medical Care, which is approved . . . . The following motions are adopted: that Public Relations Committee activities be intensified . . . . that the Hampden District Association of Medical Assistants be approved . . . . that a special By-laws Committee be appointed . . . . That a Medico-Religious Committee be appointed to work in cooperation with religious groups . . . Three amendments to by-laws (as published in Sept. Hippocrat) are approved . . . . Approval is voted on project of Springfield Safety Council to survey non-fatal accidents . . . . Meeting adjourns at 10:10 p.m. . . . .

PROLONGED DISABILITY INSTITUTE

On Wednesday, November 9th, an Institute on "PROLONGED DISABILITY - ATTITUDES AND FEELINGS" will be held at the Springfield Municipal Hospital, 1400 State Street.

The Institute will attract key personnel working directly with individuals and families who face problems stemming from prolonged disabilities. The purpose of the Institute is to develop greater awareness of the contribution such key people can make toward the advancement of the patient's health.

Dr. Ruth C. Ehrenberg, Director of Psychiatry, Medfield State Hospital, and former director, Division of Geriatrics, Mass. Dept. of Mental Health, will give the keynote address: "Feelings Toward Prolonged Disability". This will be followed by group discussions under psychiatric leadership.

The medical profession has much to contribute to the other professionals working in this field and hope they will participate in the Institute on November 9th.

For further information please contact Dr. John C. Ayres, Springfield Municipal Hospital.

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CANCER TEACHING CLINIC

Dr. Arthur W. Wright

Westfield State Sanatorium announces another Cancer Teaching Clinic to be held in the hospital auditorium on Wednesday, November 16, from 4:00 to 6:00 p.m. Dr. Arthur W. Wright, Professor of Pathology and Dr. John C. McClintock, Associate Professor of Surgery, both from the Albany Medical College, will discuss the diagnosis and treatment of cancer of the thyroid gland.

Every physician in Western Massachusetts is invited and urged to attend what promises to be an unusually interesting and informative meeting. Following the meeting the audience will be invited to stay for supper at the hospital cafeteria.

Dr. John C. McClintock

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H. D. A. M. A. ELECTS

The Hampden District Association of Medical Assistants held its first open meeting on September 20, at the Museum of Fine Arts, Springfield, with a large number in attendance. The following officers were elected and installed:

Miss Emily Cichonski, President; Miss Doris Beaudette, Vice-President; Mrs. Rheta Stevens, Treasurer; Mrs. Anna Olbrych, Corresponding Secretary, and Miss Florence Sammon, Recording Secretary.

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CIBA
SUMMIT, N. J.

Coan, J. P., McAlpine, J. C., and Boone, J. A.: J. South Carolina M. A. 51:417 (Dec.) 1955. /2830MB

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